



HULST JEPSEN

PHYSICAL THERAPY

Volunteer Application

The Hulst Jepsen Physical Therapy Student Volunteer Program is offered as a learning opportunity for College/University students to gain exposure to and experience in the Allied Health Professions, specifically Outpatient Private Practice Physical Therapy (PT). The program is intended primarily to provide an opportunity for students to learn by *servicing our patients* and students will do most of their learning by *interacting with patients* regarding their condition or injury.

Student Objectives:

- To *interact with and serve* patients with a variety of PT diagnoses.
- To become aware of the fast-paced, complex environment of an outpatient PT clinic.
- To observe and interact with a variety of health care professionals.
- To network with professionals/students who represent future colleagues and employers.
- To log volunteer hours to fulfill requirements of a course or program application.

Tasks and Opportunities:

- Facility Tour
- Interaction with Physical Therapists (PTs), Physical Therapist Assistants (PTAs), Athletic Trainers (ATs), Administrative Staff and Physical Therapy Techs.
- Assisting with routine tasks and clinic maintenance.
 - Waiting room – chairs, magazines/newspapers, trashcan, etc.
 - Gym – cleaning machines, treatment tables, equipment, etc.
 - Treatment rooms – stocking linens, cleaning treatment tables, etc.
 - Laundry – washing, drying, folding, stocking, etc.
 - Modalities – basic setup, takedown per PT/PTA instruction.
- Orientation to equipment, modalities, paperwork, exercises, and therapeutic techniques.
- Direct interaction and conversation with patients.

Patient Confidentiality and Privacy:

- All student volunteers will be required to read, sign, and comply with the patient confidentiality and privacy guidelines outlined by HIPAA (Health Insurance Portability and Accountability Act). As a student this is an important first step in understanding the rights of patients and the responsibilities of health care professionals (See HIPAA Orientation below).

HJPT Professional Expectations

Remember, you are representing not only *yourself*, but also your *school* and future *profession*, as well as *Hulst Jepsen Physical Therapy*. Participants will be expected to demonstrate the following during all interactions with staff, patients, and fellow volunteers:

- **Professional Behavior** – Have fun, but demonstrate respect.
 - Focus on the patient, not yourself
 - Please limit personal conversations
 - Avoid congregating around charting station in the gym
 - No cell phones, text messaging, emails, etc.
 - Volunteers are here to learn, serve patients, and help the clinic run smoothly.
 - You are likely to interact with other students, who you may see outside the clinic, but are expected to abide by HIPAA Guidelines in these interactions as well.

- **Professional Language** – Use patient’s name first, diagnosis last.
 - Person-First: “Mary, who had shoulder surgery” vs. “she’s a rotator cuff repair”
 - No swearing, cursing, inappropriate joking
 - Be careful not to overstep your knowledge/abilities when talking to patients about their conditions; defer to PT/staff if patients have questions.

- **Professional Attire** – Dress to impress given the environment.
 - *Business Casual* – khakis, slacks, button-up shirt, polo, or other “nice” shirt, appropriate length skirts and blouses, clean dress or tennis shoes, etc.
 - **NO** jeans, shorts, short skirts, low-cut tops, t-shirts, open-toed shoes, etc.
 - Please avoid perfume, cologne, or heavily scented lotions.

- **Professional Initiative** – Be proactive *within* your scope, which is limited.
 - Be proactive in assisting staff and patients
 - “Is there anything I can do to help?”
 - Initiate conversations with patients: introduce yourself and ask permission.
 - “Hi, my name is _____! I am a student at _____. Do you mind if I observe and ask a few questions?”
 - Initiate conversations with patients unless it becomes clear that they do not want to be involved in conversation or talk about their condition/injury.
 - Patients should be instructed by staff primarily, not by volunteers, unless otherwise given permission.

- **Keeping Record of Volunteer Hours**
 - Keep an accurate record of the hours you volunteer each week on a Hulst Jepsen Physical Therapy Volunteer Hours Log.

HIPAA Orientation

Students and employees alike have a legal and ethical responsibility to foster and maintain the privacy and respect of each patient at Hulst Jepsen Physical Therapy. During your volunteer experience, you may be exposed to confidential information, including patient information. This information should:

- Only be accessed by employees or contracted personnel when the information is needed to perform health care operations.
- Be protected to the extent possible.
- Remain confidential upon completing the shadowing experience.

Background:

- HIPAA stands for the **Health Insurance Portability & Accountability Act** of 1996.
- It was created to protect individuals' medical records and other personal health information at a national standard.
- Today with information broadly being held and transmitted electronically, the Privacy and Security Rules under HIPAA provide national standards regarding the protection of personal health information.
- HIPAA applies to any organization that routinely handles protected health information (PHI) in any capacity, such as a hospital, physician practice, lab, etc. This includes the entity where the student will be spending time. Hulst Jepsen Physical Therapy requires its staff, both clinical and non-clinical, volunteers, students and visitors to keep health information confidential.

What areas are affected?

- Any and all areas that deal with PHI
- Could include areas in which one might not directly care for patients
- Includes testing results, research, and billing records that contain health information
- Students, trainees, volunteers and other persons who have access to PHI are affected
- Includes what you store on computers, desks, files, off-site storage, disks, etc.
- Affects what you say, to whom it is said, and what information you are providing.

What is Protected Health Information (PHI)?

- Any health information that identifies an individual
 - Names
 - Geographic designations smaller than a State
 - Dates relating to the individual
 - Telephone numbers
 - Fax numbers
 - E-mail address
 - Social Security number
 - Medical record numbers
 - Health plan beneficiary numbers
 - Account numbers
 - Certificate/license numbers
 - Vehicle identifiers, including license plates
 - Device identifiers
 - Universal resource locators (URLs)
 - Internet protocol (IP) address numbers
 - Biometric identifiers – finger & voice prints
 - Full face photographic images & comparable images
 - Any other unique identifying number, characteristic, or code.
- PHI can be in any form including:
 - printed
 - electronic
 - oral communication
- It includes information that:
 - is collected from an individual

- is created or received by a covered entity
- relates to the past, present, or future physical or mental health condition of an individual
- relates to the provision of health care to an individual
- relates to the past, present, or future payment for the provision of health care to an individual
- identifies an individual

What are the Minimum Necessary Requirements?

- HIPAA requires that you take reasonable steps to limit the use, disclosure of, and requests for PHI to the **minimum necessary** in order to accomplish the intended purpose.
- What PHI is **reasonably** necessary is determined on a case by case basis by individual covered entities.
- This does not apply to disclosures for treatment purposes, but to payment, health care operations and research.

What happens if you violate the Privacy Rule?

- Civil penalties (\$100 per violation per person, up to a limit of \$25,000 for violating each identical requirement or prohibition)
- Criminal penalties:
 - Knowing release of PHI = up to 1 year jail sentence & \$50,000 fine
 - Access to PHI under false pretenses = up to 5 year jail sentence & \$100,000 fine
 - Releasing PHI with intent to sell, transfer or use for commercial advantage= up to 10 year jail sentence & \$250,000 fine

What are my responsibilities?

- To **not** disclose any protected health information. This includes any written, verbal or electronic information I may have directly or indirectly received or overheard.
- When coming in contact with a patient, introduce myself as a **“Volunteer”** if I am not introduced by my supervisor.
- To **not** misrepresent myself as a health care provider who will be assisting in a patient’s care
- To **not** misrepresent myself as a medical student or resident
- To wear a name tag or badge identifying myself as a **“Volunteer”**
- To respect the patients’ privacy
- To **not** copy, download or access any protected health information
- I agree that my responsibility to keep this information confidential extends beyond my volunteer experience and continues indefinitely.

Hulst Jepsen Physical Therapy Volunteer Application



Name: _____

Phone #: _____ Email: _____

Emergency Contact Info:

Name/Relationship: _____ / _____ Phone #: _____

School Name: _____

Grade Level: Freshman Sophomore Junior Senior

Major: _____ Graduate Program Interest: _____ GPA: _____

How did you hear about Hulst Jepsen Physical Therapy? _____

When are you hoping to start volunteering with us? _____

How many hours per week are you looking for? _____ How many hours total are you looking for? _____

AVAILABILITY - Please indicate the time frames that you are available to work

	Monday	Tuesday	Wednesday	Thursday	Friday
AM					
PM					

Please select which clinics you would be willing to volunteer at (select all that apply):

- | | | |
|--|--|-----------------------------------|
| <input type="checkbox"/> Byron Center | <input type="checkbox"/> Grand Rapids City | <input type="checkbox"/> Kentwood |
| <input type="checkbox"/> Caledonia | <input type="checkbox"/> Grand Rapids NE | <input type="checkbox"/> Lowell |
| <input type="checkbox"/> Cascade | <input type="checkbox"/> Grand Rapids NW | <input type="checkbox"/> Rockford |
| <input type="checkbox"/> Cedar Springs | <input type="checkbox"/> Grandville | <input type="checkbox"/> Standale |
| <input type="checkbox"/> East Grand Rapids | <input type="checkbox"/> Greenville | <input type="checkbox"/> Wyoming |
| <input type="checkbox"/> Gaines Township | <input type="checkbox"/> Hudsonville | <input type="checkbox"/> Zeeland |
| <input type="checkbox"/> Grand Haven | <input type="checkbox"/> Jenison | |

By signing this form, you are agreeing to abide by the HIPAA Guidelines detailed above. Please keep the first four pages of this Volunteer Packet for your reference.

- I agree to abide by **HJPT's Professional Expectations**
- I agree to abide by the legal **HIPPA Guidelines**.
- I understand that this is an **unpaid volunteer opportunity**

Print Name _____ Signature _____ Date _____

Please give us as much notice as possible before your start date in order to be able to honor your request and available time frame.
Once completed, send **Volunteer Applications** and **Resumes** to receptionist@hjphysicaltherapy.com

For Internal Use: please save applications to N Drive → HJPT Corporate Compliance → Your Clinic → xVolunteers